

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/589437** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		1		1			54						
5		1		1			55						
6	1		1				56						
7		1		1			57						
8		2		1			58						
9	1		1				59						
10		1		1			60						
11		2		1			61						
12		1		1			62						
13	1		1				63						
14		1		1			64						
15		2		1			65						
16	1		1				66						
17	1		1				67						
18		2		1			68						
19	1		1				69						
20	1		1				70						
21		2		1			71						
22	1		1				72						
23		3		1			73						
24		1		1			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	9	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	15	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			24				TOTAL CLAIMS						